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ABSTRACT

This study assessed Alcoholics Anonymous (Al-Anon) participation as a factor in stress of wives of alcoholics. Additional data focused on attitude and behavior variables. Two groups of 20 subjects each were enlisted from Al-Anon, personal contacts, treatment centers, and referrals in three urban areas in the southeastern United States. Group A wives were not members of Al-Anon, and Group B wives had been members for the past year or longer. Data were obtained from the Stress Audit and a questionnaire specifically designed for the study. Analysis of variance determined that Al-Anon wives were significantly less vulnerable to stress and were significantly less stressed in family situations than were non Al-Anon wives. Significant differences were also found within and between groups as a function of age, education, and status as adult children of alcoholics. Findings suggest that Al-Anon participation significantly reduces vulnerability to stress, stress from family situations, and the use of maladaptive coping behavior. (References are included.) (TE)

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Abstract

The Influence of Al-Anon on Stress of Wives of Alcoholics

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This study assessed Al-Anon participation as a factor in stress of wives of alcoholics. Additional data focused on attitude and behavior variables. Subjects were enlisted from Al-Anon, personal contacts, treatment centers, and referrals in three urban areas in the southeastern United States. They formed two groups of 20 each, with one main variable difference, Group A wives were not members of Al-Anon, and Group B wives had been members for the past year or longer. Data was obtained from the Stress Audit and a questionnaire specifically designed for this study. An analysis of variance determined that Al-Anon wives were significantly less vulnerable to stress and were significantly less stressed in family situations than non-Al- Anon wives. Significant differences were also found within and between groups as a function of age, education, and adult children of alcoholics. Non- Al-Anon subjects who were younger, less educated, or adult children of alcoholics were significantly more vulnerable to stress than older, educated, or not adult children of alcoholics. A large difference was found between groups in the use of maladaptive coping behaviors. Al-Anon wives reported significantly less use of such behaviors than non-Al-Anon wives. Present findings suggest that Al-Anon participation significantly reduces vulnerability to stress, stress resulting from family situations, and the use of negative coping behaviors. These findings have potential applicability in both treatment and theoretical endeavors.

Introduction

Many studies have focused on wives of alcoholics. Early classic theory in the 1940s and 1950s characterized the wife as having a disturbed personality and most likely caused her husband's excessive drinking (Futterman, 1953; MacDonald, 1956; Whalen, 1953). Most of the supporting material for the disturbed personality theory was based on subjective impressions of case histories (Paolino, McCrady, Diamond, and Longabaugh, 1976). The stress theory arose from Jackson's (1954) research, and has received considerable support (Averill, 1973; James & Goldman, 1971; Kogan & Jackson, 1963; Seligman, 1975). Jackson's theory proposes that no specific type of woman marries an alcoholic, but the stress of living in an alcoholic environment can have a deep psychological effect. Later, the psychosocial theory evolved which suggests hypotheses concerning both the personality and the stress of living with an alcoholic. As the members of an alcoholic family attempt to maintain balance within the family system, they gradually assume roles and responsibilities that are self-defeating (Wegscheider-Cruse, 1985).

A Gallup survey (Gallup Organization, 1980) suggests that 60 percent of the population in the United States considers alcohol abuse as one of the most harmful influences on the family system . A large proportion of the alcoholic families remain intact, but are often considered dysfunctional by the professional community (Steinglass, 1979). Family members are highly vulnerable to stress, particularly the wife who becomes confused and frustrated from repeated attempts to control and adjust to the alcoholic's changing moods and behavior (Ablon, 1976; Kogan & Jackson, 1963). The wife's coping style changes in response to the husband's stage of alcoholism and the intensity of the alcoholic episodes (James & Goldman (1971).

Extensive research by Hans Selye (1976) laid the groundwork for meaningful methods of measurements. The Stress Audit was selected for this study because it addresses the biobehavioral model of stress (Miller, Smith, & Mehler, 1987), and because it appears to be comprehensive and psychometrically sound. The data generated from the Stress Audit should have utility and application in experimental research, particularly in the area of alcoholism, where behavior is a significant factor.

Today, alcoholism is considered a family illness (Al-Anon Family Group Headquarters, 1966; Bailey, 1965) and treatment for each family member is considered important. Individual counseling/therapy, family treatment programs, and Al-Anon are the generally accepted methods of treatment. Al-Anon has been an important influence in the recovery of families of alcoholics since its inception in 1951. Today, there are over 28,250 Al-Anon groups in 84 countries (Al-Anon Family Group Headquarters, 1987). Al-Anon is a 12 step support group which helps family members detach from the alcoholic's problems and focus on their own personal and emotional growth (Bailey, 1965). By sharing experience, strength, and hope with one another, members gain a better understanding of themselves, the alcoholic, and the disease of alcoholism. The spiritual principles embodied in the 12 steps are guidelines for recovery. If Al-Anon is influential in reducing stress, the data should indicate that the Al-Anon wives perceive their situation as less stressful, have significantly fewer physical and emotional symptoms, and demonstrate fewer maladaptive behaviors than wives who are not in Al-Anon.

Method

The subjects formed two groups of 20 wives each. Group A wives did not attend Al-Anon, while Group B wives were regular members of Al-Anon. All participants met the following criteria: (a) had lived with an active alcoholic spouse for

at least the past two years and (b) had not received private counseling/therapy or family treatment during the past year. Subjects were at minimal risk as described by the A.P.A. Ethical Principles (American Psychological Association, 1981). Informed consent, voluntary participation, opportunity to withdraw, anonymity, and confidentiality were observed.

The Stress Audit (Miller et. al., 1987) documented the magnitude and types of stress in three major areas: (a) sources, (b) symptoms, and (c) vulnerability. There are 14 subscales within these three areas consisting of 238 items. Participants rated each item that applied to them on a 5-point scale. Items are given two ratings, a past-six-months rating and a future-six-months rating. A T score measurement is utilized, based on a mean of 50 and a standard deviation of 10. A value of 50 indicates a clinically significant level of stress; a T value of 60 is clinically serious; and a T value of 70 or greater is clinically severe. The 28-part questionnaire collected demographic data and information about the wife, alcoholic spouse, children, and negative coping behaviors.

A brief interview was arranged with each prospect to explain the research study. Once the prospect agreed to participate, she was given an envelope with the consent form, Stress Audit, and questionnaire to take home, complete, and either mail or bring in within a two-week period. Anonymity an confidentiality were assured in the following manner: subjects used first names only, no names, or fictitious names; numbers and letters were assigned to each respondent in order to identify their questionnaires and corresponding test booklets. No psychological or physiological harm resulted from completing the survey.

Results

Analysis of variance (ANOVA) confirmed a significant influence of Al-Anon participation (Figure 1) on family situations, $F(1, 36) = 6.005$, $p < .019$, and

vulnerability, $F(1, 38) = 10.177$, $p < .003$. ANOVA of factors suspected of influencing stress showed additional significant differences due to age, adult children of alcoholics, and education. 2x2 ANOVA of all subjects revealed a significant main effect for age. Subjects 20-40 years of age had significantly higher scores than subjects 41-60 years of age on past situations, $F(1, 36) = 9.842$, $p < .003$; total situations, $F(1, 33) = 4.345$, $p < .045$; past symptoms, $F(1, 36) = 4.718$, $p < .037$; and vulnerability, $F(1, 36) = 6.269$, $p < .017$. Non-Al-Anons in the 20-40 year group gave significantly higher scores than Al-Anons of the same age group on total past situations, $F(1, 17) = 7.027$; $p < .017$ and vulnerability, $F(1, 17 = .3.822$, $p < .035$.

2x2 ANOVA of adult children of alcoholics showed non-Al-Anons significantly more vulnerable to stress than Al-Anons $F(1, 38) = 10.177$, $p < .001$.

2x3 ANOVA between years of education and treatment revealed non Al-Anons in the 8-12 year category had significantly higher scores than Al-Anons on total symptoms, $F(2, 29) = 3.615$, $p < .040$, and vulnerability, $F(1, 33) = 9.088$, $p < .005$.

Data from the questionnaire listing 8 common negative coping behaviors, showed non-Al-Anon wives checked a total of 86 negative coping behaviors, while Al-Anon wives checked 28 (Table 6). The greatest differences between the two groups were non-Al-Anons often make excuses for their spouses (12 -0) or lie to cover up for them (11-0). Al-Anons do not utilize these behaviors.

Discussion

The results answer the questions for which this study was designed: (a) Al-Anon appears to influence the reduction of stress; (b) Al-Anon reduces the number of negative coping behaviors; (c) Al-Anon affects perception of situations and of

oneself in a positive direction; and (d) age, education, and adult children of alcoholics are significant factors in stress.

Significant reduction of stress in the area of family is most likely the result of changed perception of and behavior toward specific situations that are usually highly stressful to the spouse of an active alcoholic. Significant vulnerability differences are not surprising because Al-Anon emphasizes taking care of oneself. Members learn to change their focus from the alcoholic and associated problems to improvement of their own spiritual, physical, and emotional well-being. It is surprising, however, that lower vulnerability does not result in overall lower stress except in family situation. On reason could be denial. Because denial is a common factor in non-recovering family members, one might question the validity of all their self-reported answers. Although the results of this study have potential implications in both treatment and theoretical endeavors, further effort is needed to clarify the findings. Future replication of this investigation should include: (a) an alternative method of obtaining subjects for the non-Al-Anon group; (b) a larger sampling of the population; (c) an objective opinion of subjects' level of stress obtained from a friend or co-worker; and (d) use of a self-esteem measurement for cross-reference with the Stress Audit.

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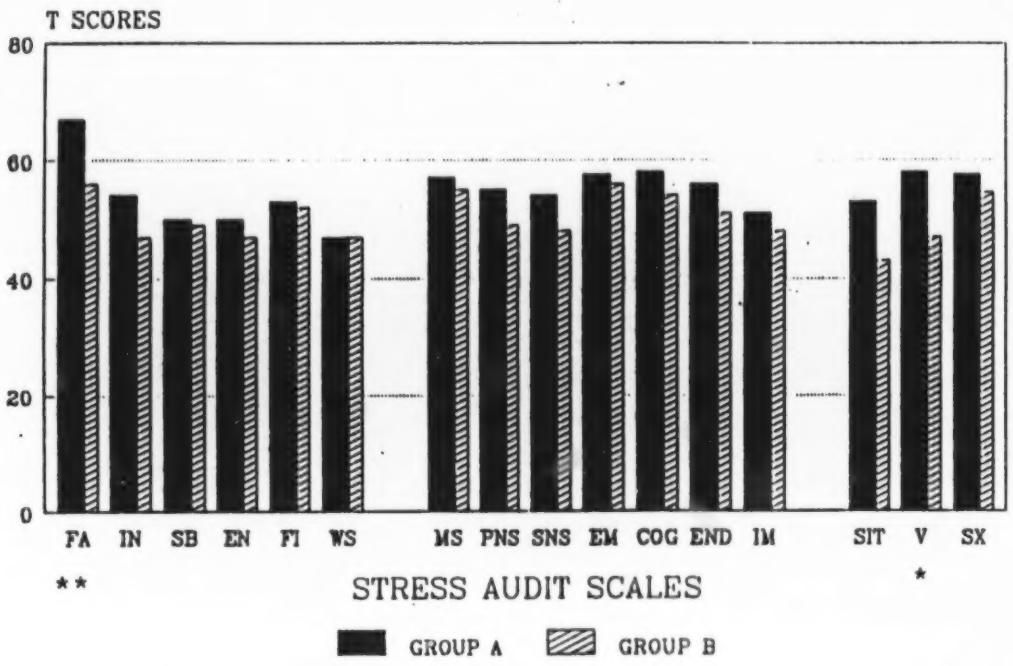

FIGURE 1. STRESS PROFILE BY GROUP

* $p < .003$

** $p < .019$

Table 6

Number of Subjects Using Negative Coping Behaviors

Coping Behaviors	Non-Al-Anon (N = 20)	Al-Anon (N = 20)
Threaten to leave	15	6
Caretake spouse when drinking	9	1
Do his chores	10	6
Pay his bills	7	5
Excuse drinking behavior	11	0
Lie to cover up for him	12	0
Stay at home	11	2
Refuse invitations	12	8
Total Negative Coping Behaviors	86	28